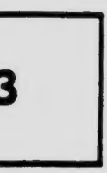

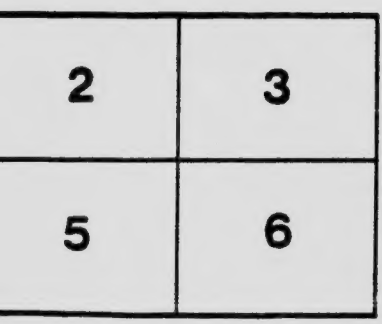

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A RARE FORM OF EXTRAUTERINE PREGNANCY.

BY

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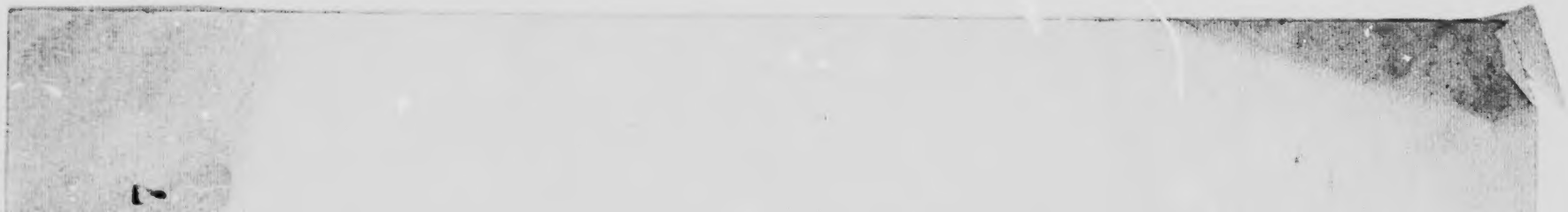
On February 28, 1901, Dr. Goldsborough was called in by Dr. I. N. Tannar of Vienna, Maryland, to see what the doctor supposed to be a case of obscure pregnancy. The patient had 1 child 9 years ago. In April, 1900, she missed her period and since then presented the usual signs of pregnancy; nausea, enlarged breasts, increase in size of the abdominal girth. In August, while lifting some boxes, something suddenly gave way in her left side. This occasioned severe pain and she had to remain in bed until November 1. About the middle of September there was a bloody uterine discharge, and accompanying it was considerable pain and nausea. Subsequently, she had several similar discharges which may have been menstrual periods. During the month of November she was able to be out of bed, but had to return in December. Throughout the entire illness she has had a good appetite, has been fairly well nourished. When seen her temperature was 101.5°; her pulse 140. Immediate removal to the Cambridge Hospital was advised, and on the following day she was driven 23 miles.

On examining the patient under anesthesia the abdomen is seen to be very prominent. There is, however, no bulging in the flanks. The umbilicus is converted into a tumor fully 5 cm. long by 3 cm. broad (Fig. 1). The skin over this appears to be much thinned out and at one point has given way. From this abraded area a chocolate colored fluid is escaping. This is exceedingly offensive. Around the umbilicus the tissue is markedly indurated and pits on pressure. On vaginal examination the cervix is found to be intact, but it is impossible to outline the uterus. Nothing can be detected laterally. After cleansing the abdomen as far as possible, an incision was made just below the sternum and continued down almost to the pubes. The abdominal cavity proper was not exposed; that is to say, none of the abdominal contents came into view. Filling the cavity was a large quantity of chocolate-colored fluid; a



fetus between 6 and 7 months and a large placenta. The placenta was attached low down in the pelvis, was exceedingly friable, but came away without producing any hemorrhage. The walls of the sac were about 4 mm. in thickness and excessively friable. They reminded one very much of granulation-tissue. It is impossible to determine where the pregnancy took place, as the pelvic organs were entirely walled out. It is probable, however, that the uterus ruptured and that the fetus with its membranes

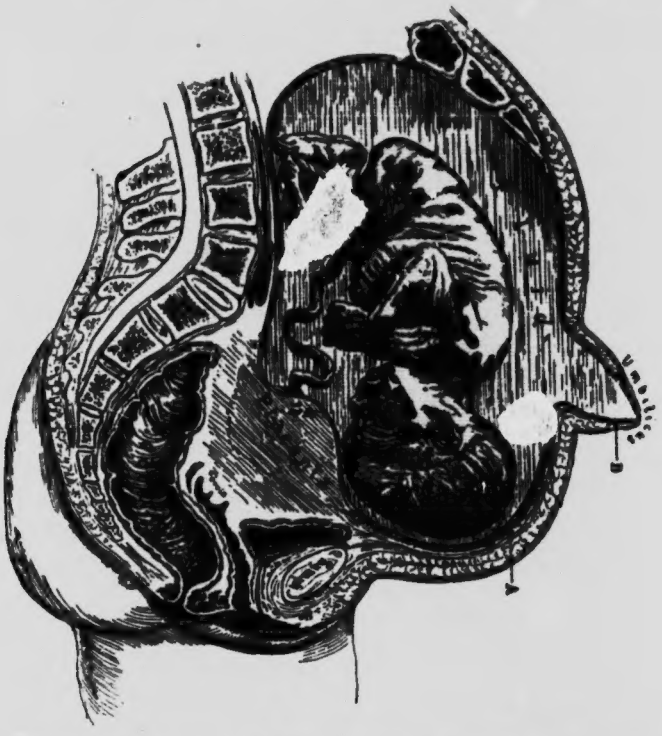


Fig. 1:—The drawing of course is somewhat diagrammatic. It represents a longitudinal section of the body. The fetus with the fetal membranes are lying immediately beneath the abdominal wall and are attached anteriorly to the peritoneum almost from the sternum to the pubes. (*B.*) At the umbilicus the fetal sac bulges into the hernial opening and at the most prominent point this hernial sac has given way, allowing the fluid to escape externally. At *A* numerous granulations have formed on the inner surface of the sac. The fetus is well preserved, appears to be about 6 months old and shows slight maceration on the face, on the arms and legs. The site of the placenta is roughly outlined by the dotted lines. The cervix is seen to be normal but on account of the marked distortion, the presence of the abdominal tumor and the oedema it was impossible to outline the uterus or appendages, hence their relation is left hazy. The bladder and rectum are in their normal positions. As will be seen from the drawing a median incision in the abdominal wall would open directly into the sac and in no way involve the general peritoneal cavity.

escaped into the abdominal cavity. The fetal membranes then become attached to the abdominal wall and to the unding structures. After removing the fetus and the nta, this large sac which extended almost from the sternum pubes and laterally filled the entire anterior portion of odomen was thoroughly washed out with salt solution and y packed with iodoform gauze. The upper half of the on was closed, the lower half left open to insure thorough age. At the time of operation the patient's pulse was 140. peration occasioned no shock. The anesthetic was given r. John Mace, and assisting the operator were Drs. Brice borough and Guy Steele.

llowing the operation the temperature ranged from al to 101.5° for the first 4 days, since which time it hown no elevation. The pulse was weak and irreg- for 6 days, but since then has regained its normal The pack was removed on the seventh day with scape of a moderate amount of discharge. A light drain was then inserted. On March 13 the nen was perfectly flat and all evidence of edema had peared. On removing the drain there was a slight arge. On bimanual examination it was now possible tline the uterus to some extent. The organ was the size of a 2 months' pregnancy and situated ly behind the pubes. It was slightly movable.

thological Report (Gynecological Pathological ber 4,744). The specimen consists of a foetus with ompanying placenta. The foetus when folded upon is 17 cm. in length. The distance from the occiput heel is 29 cm. The child is well formed, shows ternal abnormality and is a female. There is a rate quantity of hair but the skin has to a great macerated and the pigmented layer is readily off. The umbilical cord appears to be about 8 cm. gth. It shows nothing of interest. The placenta roximately 16 x 10 x 5 cm. It is very friable. In places it presents the usual appearance, in others, ally in the depth, the tissue is somewhat homo- us, is hemorrhagic and suggests breaking down.

stological examination of sections from various of the placenta show that it consists almost entirely

of necrotic tissue and canalized fibrin. The contours of the villi are everywhere visible but the nuclei of the epithelial cells as well as those of the stroma of the villi have entirely disappeared. The central portions of numerous villi are partially filled with calcareous plaques. At one point are a moderate number of disintegrated polymorphonuclear leukocytes. Otherwise the entire tissue is devoid of nuclei.

This complete necrosis of the placenta accounts for the ease with which it was peeled off and also for the absence of hemorrhage during its removal.